

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT TACOMA

M.E., a minor, by and through her Guardian ad  
Litem, KATHLEEN GARVIN; MARY  
ERLENMEYER and MICHAEL  
ERLENMEYER, individually and  
on behalf of their marital community,  
Plaintiffs,

v.

THE UNITED STATES OF AMERICA and  
CLALLAM COUNTY PUBLIC HOSPITAL  
DISTRICT NO. 2 d/b/a OLYMPIC MEDICAL  
CENTER,  
Defendants.

NO. 3:20-cv-5558

COMPLAINT FOR DAMAGES  
[MEDICAL NEGLIGENCE]

COME NOW THE PLAINTIFFS, by and through their attorneys of record, OTOROWSKI  
MORROW & GOLDEN, PLLC, and for their causes of action against the defendants allege as follows:

**I. IDENTIFICATION OF PLAINTIFFS**

**1.1 M.E. BY AND THROUGH GUARDIAN AD LITEM KATHLEEN GARVIN**

At all times material hereto, the plaintiff, M.E. was the minor daughter of Mary  
Erlenmeyer and Michael Erlenmeyer and resides with them in Forks, Clallam County,  
Washington. M.E. was born on December 29, 2017 and brings her claims through Kathleen

Garvin as Litigation Guardian ad Litem. Kathleen Garvin was appointed as Litigation Guardian ad Litem for M.E. on June 2, 2019 in King County Superior Court (Cause No. 19-4-11588-0 SEA), Seattle, Washington. At all times material hereto, M.E. received health care services in Clallam County, Washington, from Olympic Medical Center and from the United States of America doing business as North Olympic Health Care Network (hereinafter "NOHN") and its partners, employees, agents and/or ostensible agents, including but not limited to, Ned Hammar, M.D. and S. Robert Epstein, M.D. and there existed a fiduciary health care provider-patient relationship between M.E. and the defendants.

1.2 MARY ERLENMEYER AND MICHAEL ERLENMEYER.

At all times materials hereto, the plaintiffs, Mary Erlenmeyer and Michael Erlenmeyer were the natural parents of M.E. The Erlenmeyers were married and reside in Clallam County, Forks, Washington, at all times material hereto. At all times material hereto Mary Erlenmeyer received health care services in Clallam County, Washington from Olympic Medical Center and from the NOHN and its partners, employees, agents and/or ostensible agents, including but not limited to, Ned Hammar, M.D. and S. Robert Epstein, M.D. and there existed a fiduciary health care provider-patient relationship between Mary Erlenmeyer and the defendants.

## II. IDENTIFICATION OF DEFENDANTS

2.1 UNITED STATES OF AMERICA. Defendant United States of America is a named defendant pursuant to the Federally Supported Health Centers Assistance Act, 42 U.S.C. § 233, and the Federal Tort Claims Act, 28 U.S.C. §§ 1346(b), 2671 *et. seq.*, and 2679 *et. seq.*

2.1.1 On November 12, 2019, Claims for Damages on behalf of M.E., Mary Erlenmeyer and Michael Erlenmeyer, pursuant to the FTCA, were submitted to and received by the U.S. Department of Health and Human Services.

1           2.1.2 NOHN is a federally funded health center pursuant to the Federally  
2 Supported Health Centers Assistance Act (“FSHCAA”), 42 U.S.C. § 233. The United States of  
3 America authorized NOHN to provide health care services and treatment in Clallam County,  
4 Washington pursuant to FSHCAA. At all times material hereto, defendant, United States of  
5 America, through NOHN, provided health care services and treatment to Mary Erlenmeyer and  
6 M.E., through its partners, employees, agents, and/or ostensible agents, including NOHN and  
7 there existed a fiduciary healthcare provider-patient relationship between the United States of  
8 America, its partners, employees, agents and/or ostensible agents, and Mary Erlenmeyer and  
9 M.E.  
10

11           2.1.3 During the relevant time period pertaining to the claims alleged in the  
12 Complaint, NOHN and its employees were deemed “federal employees” pursuant to the  
13 FSHCAA.  
14

15           2.1.4 During relevant time periods, Ned Hammar, M.D. and S. Robert Epstein,  
16 M.D. were employees and agents of NOHN and defendant Clallam County PHD #2 d/b/a Olympic  
17 Medical Center (hereinafter “OMC”).  
18

19           2.1.5 During the relevant time period, Ned Hammar, M.D. and S. Robert Epstein,  
20 M.D. were acting within the scope of their employment and agency relationship with NOHN and  
21 OMC.  
22

23           2.1.6 Pursuant to the FSHCAA, a lawsuit brought under the Federal Tort Claims  
24 Act (“FTCA”), 28 U.S.C. §§ 2679 *et. seq.*, is the sole and exclusive remedy for such medical  
25 negligence claims.  
26

1           2.2    CLALLAM COUNTY PUBLIC HOSPITAL DISTRICT NO. 2 D/B/A OLYMPIC MEDICAL  
 2    CENTER

3           2.2.1   At all times material hereto, OMC was a public hospital district of Washington  
 4    state, duly authorized to provide health care services and treatment in Clallam County,  
 5    Washington.

6           2.2.2   At all times material hereto, OMC provided health care services and treatment to  
 7    plaintiffs M.E. and Mary Erlenmeyer, through its partners, employees, agents and/or ostensible  
 8    agents, including but not limited to Ned Hammar, M.D. and S. Robert Epstein, M.D. and there  
 9    existed a fiduciary health care provider-patient relationship between OMC, its partners,  
 10   existed a fiduciary health care provider-patient relationship between OMC, its partners,  
 11   employees, agents and/or ostensible agents, and M.E. and Mary Erlenmeyer.

12                   **III.    ADMINISTRATIVE PRE-FILING COMPLIANCE**

13           3.1    On or about November 12, 2019, Claims for Damages pursuant to 28 U.S.C. .  
 14    §2401(b), on behalf of M.E., Mary Erlenmeyer and Michael Erlenmeyer were submitted to and  
 15    received by the U.S. Department of Health and Human Services, the appropriate federal agency,  
 16    in a timely manner.

17           3.2    Defendant United States of America has failed to make final disposition of these  
 18    claims within six months of November 12, 2019, and therefore the above entitled action is timely  
 19    pursuant to 28 U.S.C. §2675(a).

20           3.3    Plaintiffs M.E., Mary Erlenmeyer and Michael Erlenmeyer have satisfied all  
 21    applicable requirements of 28 U.S.C. §§2401 and 2675.

22           3.4    On February 14, 2020, pursuant to RCW 4.96 *et al.*, OTOROWSKI MORROW &  
 23    GOLDEN, PLLC, attorneys for plaintiffs, presented their claims for damages to the designated agents  
 24    to receive claims for damages under RCW 4.96 at OMC. On February 14, 2020, Jennifer  
 25    COMPLAINT FOR DAMAGES- 4 of 15

Burkhardt, General Counsel for OMC accepted service of the Claims for Damages for M.E., Mary Erlenmeyer and Michael Erlenmeyer, on behalf of Eric Lewis, CEO of OMC, Donna Davison, Risk Manager for OMC and on behalf of herself, all designated to receive claims for damages under RCW 4.96 at OMC. More than 61 calendar days have elapsed since the presentment of the Claim for Damages to the designated agents for OMC.

#### IV. JURISDICTION AND VENUE

4.1 This Court has jurisdiction over M.E., Mary Erlenmeyer and Michael Erlenmeyer in their claim against the United States of America pursuant to 28 U.S.C. §§§§ 1346(b), 2401, 2671 *et. seq.*, and 2679 *et. seq.*

4.2 This Court has personal jurisdiction over defendant NOHN pursuant to 28 U.S.C. §§§§ 1346(b), 2401, 2671 *et. seq.*, and 2679 *et. seq.*

4.3 This Court has personal jurisdiction over defendant OMC pursuant to 28 U.S.C. §§§ 1346(b), 1367, and 2679 *et. seq.*

4.4 At all times material hereto, the alleged acts of negligence as outlined herein occurred at North Olympic Health Care Network and Olympic Medical Center, Port Angeles, Clallam County, Washington; therefore, venue is proper in this Court pursuant to 28 U.S.C. §1402(b).

#### V. STATEMENT OF THE FACTS

5.1 Mary Erlenmeyer became pregnant with M.E. during the month of March, 2017. She had her first prenatal visit with Ned Hammar, M.D. at North Olympic Healthcare on July 3, 2017. Dr. Hammar noted in Mrs. Erlenmeyer's chart that the purpose of the visit was: "supervision of high risk pregnancy, 2<sup>nd</sup> trimester." Dr. Hammar did not note the reason why he evaluated Mrs. Erlenmeyer's pregnancy as "high risk."

1           5.2     Mrs. Erlenmeyer presented to Dr. Hammar for a follow up prenatal examination  
2     on August 31, 2017. Dr. Hammar noted in his patient chart: "A/P: Doing Well. Discussed with  
3     specialist, will refer at 28 weeks."

4           5.3     On September 21, 2017 Mrs. Erlenmeyer saw Dr. Hammar for a prenatal follow-  
5     up visit. Dr. Hammar again noted in his patient chart that Mrs. Erlenmeyer reported that she  
6     felt well overall, and that there was good fetal improvement.

7           5.4     Mrs. Erlenmeyer continued to follow up with Dr. Hammar and her pregnancy  
8     progressed well. On September 27, 2017, Dr. Hammar noted in his chart that Mrs.  
9     Erlenmeyer's pregnancy was high risk. Mrs. Erlenmeyer continued to follow up with North  
10    Olympic Healthcare and Dr. Hammar.

11           5.5     On October 5, 2017, Mrs. Erlenmeyer was seen at Swedish Medical Center for  
12    a consultation with a maternal fetal medicine specialist and an ultrasound. Everything was  
13    found to be normal.

14           5.6     On November 8, 2017, at 33 weeks pregnant, Mrs. Erlenmeyer called North  
15    Olympic Healthcare and spoke with Terri Hauff, LPN. Mrs. Erlenmeyer reported suffering  
16    right sided abdominal pain radiating to her back that started two days prior to her call. She  
17    rated her pain at a level 8 on a scale of 0 to 10 with 0 meaning no pain and 10 meaning the most  
18    severe pain. Ms. Hoff referred her to the Obstetrics department. A nonstress test was performed  
19    which was normal.

20           5.7     On November 10, 2017 Mrs. Erlenmeyer returned to Dr. Hammar with reports  
21    of ongoing right upper quadrant pain that she rated at a severity level of 2 out of 10. Dr.  
22    Hammar noted trace pitting edema in his chart notes. Dr. Hammar reviewed hydration and  
23    deep breathing exercises with Mrs. Erlenmeyer and recommended that she return for a follow  
24    up visit.

1 up appointment in one week. Dr. Hammar noted no right upper quadrant pain, bleeding or  
2 swelling and “outstanding blood sugars” in his chart for Mrs. Erlenmeyer’s November 16, 2017  
3 visit.

4 5.8 Mrs. Erlenmeyer presented to Dr. Hammar again on November 30, 2017 at week  
5 36 of her pregnancy. Dr. Hammar noted in his charts for this visit that she felt good, with good  
6 fetal movement. She reported a mild headache that improved with Tylenol, some right upper  
7 quadrant pain that resolved, and good blood sugars. Her unborn baby was in vertex  
8 presentation, facing head-down in the birth canal.  
9

10 5.9 Mrs. Erlenmeyer continued to follow up with Dr. Hammar on a weekly basis as  
11 recommended. She next saw him on December 4, 2017. Dr. Hammar noted in his chart that  
12 she felt well, good fetal movement, no headache, no right upper quadrant pain, no contractions,  
13 with her baby in vertex presentation.  
14

15 5.10 On December 9, 2017, Mrs. Erlenmeyer presented in late morning to OMC  
16 Labor and Delivery with ongoing complaints of contractions, headache, nausea and profuse  
17 emesis of stomach contents since 0230. She was placed in an outpatient bed and an electronic  
18 fetal monitor was placed. Dr. Epstein was notified and provided orders for medication over the  
19 phone to the nursing staff.  
20

21 5.11 Mrs. Erlenmeyer’s estimated date of confinement (delivery date, “EDC”) was  
22 December 25, 2017. Mrs. Erlenmeyer had not experienced pre-term contractions prior to  
23 developing symptoms on the evening of December 8, 2017. On December 9, 2017 the fetal  
24 monitor strip was interpreted to show moderate variability with contractions spacing out at  
25 every ten minutes and no decelerations.  
26

1           5.12 Fetal ultrasound performed on December 9, 2017 showed the fetus to be in  
2 vertex position.

3           5.13 On December 9, 2017 Dr. Epstein arrived and evaluated Mrs. Erlenmeyer at  
4 1415, whose symptoms had improved since arrival at OMC. The baseline fetal heart rate was  
5 documented to be 140 beats per minute with moderate variability (amplitude range of 6-25  
6 bpm) and the nonstress test was deemed to be “nonreactive.”  
7

8           5.14 Mrs. Erlenmeyer continued to follow up with Dr. Hammar on December 12,  
9 2017. Dr. Hammar noted in the chart that he continued supervision of her high risk pregnancy.  
10 He noted that she presented feeling well overall, with good fetal movement, no headaches, no  
11 right upper quadrant pain, no bleeding, no scotomata, no contractions, nausea and vomiting  
12 improving. He noted that “she thinks she lost her mucus plug.”  
13

14           5.15 Mrs. Erlenmeyer had her final prenatal visit with Dr. Hammar on December 21,  
15 2017. Dr. Hammar noted in his chart that she felt well, with good fetal movement, no  
16 headache, no right upper quadrant pain, no contractions, no scotomata and she thinks she lost  
17 her mucus plug. Dr. Hammar noted Mrs. Erlenmeyer’s gestational diabetes was well  
18 controlled.  
19

20           5.16 On December 28, 2017, three days after her due date, at 10:54 a.m., Mary  
21 Erlenmeyer entered the Olympic Medical Center to give birth. The estimated gestational  
22 age of the fetus was documented to be 40 weeks, 3 days. The delivery was to be induced  
23 because Ms. Erlenmeyer was past her due date. Ned Hammar, M.D., a family practice  
24 physician, was the physician assigned to Ms. Erlenmeyer when she entered the Olympic  
25 Medical Center. Dr. Hammar was Mrs. Erlenmeyer’s primary care doctor during her  
26 pregnancy. The medical records once again indicate that Mrs. Erlenmeyer’s pregnancy was



1 considered to be high risk.

2 5.17 The nurses notes document that intermittent, variable decelerations first  
3 occurred at 1200 on December 28, 2017. Between 1200 and 2119 there were some intermittent  
4 declarations. At 2119, late decelerations began appearing and continued to the time of delivery  
5 at 0242 on December 29, 2017. Nursing records show 19 different entries for decelerations  
6 including late decelerations.  
7

8 5.18 At 2230, Dr. Hammar called Dr. Epstein, another family practitioner who holds  
9 himself out as having clinical interests in Obstetrics/High Risk and medically complicated  
10 Obstetrics, to come see the patient because of category II fetal heart tracings and to assist in  
11 delivery.  
12

13 5.19 The late decelerations and category II and category III tracings continued for  
14 over 5 hours until delivery, during which time the fetus was experiencing periods of  
15 hypoxia.

16 5.20 Because of the slow progress of the delivery and the continued decelerations, the  
17 attending physicians, at approximately 0220 considered performing a cesarean section.  
18 However, before proceeding with the cesarean section, the attending physicians attempted to  
19 complete the delivery by using vacuum extraction. The medical records indicate that the  
20 attending physicians made multiple unsuccessful attempts at a vacuum extraction delivery at  
21 0221 on December 29, 2017.  
22

23 5.21 After three recorded failed vacuum extraction delivery attempts, the physicians  
24 made preparations to proceed with a cesarean section delivery. The medical records indicate  
25 that at 0231 Mrs. Erlenmeyer was transferred to the operating room to for an emergency  
26 cesarean section . At that point, there was no documented fetal heartbeat.

1           5.22 After being transferred to the operating room, the attending physicians noted that  
2 the baby had descended further. Vacuum extraction was attempted again and after multiple  
3 pulls the baby was delivered by Dr. Epstein at 0242. The newborn baby had no respiratory  
4 effort, heartbeat or pulse. Resuscitation efforts were started and a neonatal code was called at  
5 0244.  
6

7           5.23 The operating room was not properly prepared and ready for this delivery.

8           5.24 OMC did not have a neonatal resuscitation team ready at the time of arrival in  
9 the delivery room, further delaying proper resuscitation of the infant.

10          5.25 The medical records indicate that Code was called at 0244 some two minutes  
11 following delivery. The Code team arrived at 0245. The baby was not intubated until 0249.  
12 Epinephrine was administered and an umbilical line was placed at 0254 and again at 0257,  
13

14          5.26 The medical records indicate that the baby's heartbeat was established at 0259,  
15 some 17 minutes after delivery.

16          5.27 Because of adverse weather conditions, an air transport to Childrens Hospital  
17 and Medical Center in Seattle was not possible and the newborn baby was transferred by ground  
18 ambulance to the neonatal ICU unit at Mary Bridge Children's Hospital where she stayed for  
19 40 days. The baby was released from Mary Bridge Children's Hospital on February 8, 2018.  
20

21          5.28 M.E. experienced catastrophic injuries as a result of the multiple failures of the  
22 physicians and OMC and now suffers lifelong disabilities as described in Section VII, below.

## 23                   **VI. LIABILITY AND NEGLIGENCE**

24          6.1 This is an action for professional negligence, malpractice against the defendants  
25 brought pursuant to the laws of the United States of America and the state of Washington, to  
26 include 28 U.S.C. § 1346, the Federal Tort Claims Act, RCW 7.70 *et seq.*, RCW 4.20 *et seq.*, and

1 ordinary negligence. Plaintiffs hereby notify defendants, United States of America, NOHN, and  
2 OMC that they are pleading all theories of recovery and bases for liability available pursuant to  
3 law to include negligence, lack of informed consent, direct corporate negligence and otherwise  
4 failure to render the necessary medical care and treatment that M.E. and Mary Erlenmeyer  
5 required.

6  
7 6.2 As a direct and proximate result of the fiduciary healthcare provider-patient  
8 relationship that existed between the defendants and plaintiffs M.E. and Mary Erlenmeyer, the  
9 defendants owed duties to provide reasonably prudent medical care, including but not limited to,  
10 properly, adequately and timely manage, monitor, treat, diagnose, intervene, refer and consult  
11 regarding Mary Erlenmeyer's pregnancy, labor and delivery; properly inform Mary Erlenmeyer  
12 of material risks to their approach to treatment; properly obtain Mary Erlenmeyer's informed  
13 consent to treatment; and otherwise render the necessary care that Mary Erlenmeyer and M.E.  
14 required.

15  
16 6.3 During the course of their relationship, the defendants breached their duties  
17 owed to M.E. and Mary Erlenmeyer, including, but not limited to, failing to properly and timely  
18 monitor, manage, diagnose, treat, and consult during labor and delivery; failing to properly  
19 inform Mary Erlenmeyer of the material risks to their approach to treatment; failing to properly  
20 obtain Mary Erlenmeyer's informed consent to treatment; and otherwise failing to render the  
21 necessary care Mary Erlenmeyer and M.E. required.

22  
23 6.4 M.E. was born of her mother's first pregnancy, complicated by maternal obesity  
24 and gestational diabetes mellitus, treated by dietary changes alone. Because of these pregnancy  
25 complications, Mrs. Erlenmeyer was a candidate for scheduled cesarean section. Defendants  
26 did not advise Mrs. Erlenmeyer of the risks of a vaginal delivery associated with these

1 pregnancy complications and did not advise her of her option to have a scheduled cesarean  
2 section. During labor, induced with Cervidil and Pitocin, significant abnormalities were  
3 demonstrated in the fetal monitoring strip with both frequent and prolonged decelerations,  
4 occurring during protracted attempts at vacuum extraction. At birth M.E. was neurologically  
5 depressed with both low Apgar scores of 1 at 1 minute and 1 at 5 minutes signifying evidence  
6 of profound metabolic acidosis. Following her resuscitation, evidence of a neonatal  
7 encephalopathy was present, with contemporaneous diagnosis of an hypoxic-ischemic  
8 encephalopathy.  
9

10 6.5 It was below the standard of care for defendants not to advise Mrs. Erlenmeyer  
11 of the risks of vaginal delivery with maternal obesity and gestational diabetes. It was below the  
12 standard of care for defendants to continue with a plan of vaginal delivery after the pattern of  
13 late decelerations with diminished variability were revealed on the fetal monitor strip. A  
14 recommendation of a cesarean section delivery should have been made by the physicians. It  
15 was below the standard of care for defendants not to have an operating room prepped, clean,  
16 and available throughout Mrs. Erlenmeyer's labor so that she would not have to wait for an  
17 available operating room in the event that an emergency cesarean section became necessary.  
18

19 6.6 It was below the standard of care to attempt multiple, protracted vacuum assisted  
20 deliveries when fetal monitoring strips demonstrated significant abnormalities, including  
21 frequent and prolonged late decelerations with poor variability. As a direct and proximate result  
22 of defendants' failures to 1) perform a cesarean section, 2) have an operating room available  
23 for emergency cesarean delivery throughout Mrs. Erlenmeyer's labor, 3) promptly deliver M.E.  
24 by emergency cesarean section when significant abnormalities presented on the electronic fetal  
25 monitoring strip, and 4) failure to provide prompt resuscitation and life support to M.E.  
26

1 immediately after her vaginal birth, plaintiffs have suffered severe, permanent, and debilitating  
2 injuries and damages as described below.

3 6.7 Immediately following delivery, the following were noted:

- 4 a. Fetal acidemia;
- 5 b. Neonatal seizures requiring anti-seizure medications;
- 6 c. No respiratory effort and respiratory failure requiring intubation with
- 7 ventilatory support;
- 8 d. An extraordinarily low pH of 6.55 at 0326, (a value nearly incompatible
- 9 with life);
- 10 e. Complete lack of motor movement;
- 11 f. At 8 hours of life, M.E. underwent cooling therapy to reduce potential
- 12 brain injury;
- 13 g. M.E. was experiencing neonatal encephalopathy;
- 14 h. Abnormal EEG study because of generalized burst suppression;
- 15 i. MRI findings consistent with ischemia of the basal ganglia, bilaterally
- 16 with other findings in the frontal cortex, frontal lobe, corpus callosum and mid
- 17 brain all as a result of hypoxic ischemic encephalopathy.
- 18
- 19
- 20

21 6.8 Except for the evident neurologic injury, M.E. was normal in all anatomical  
22 respects and if reasonably prudent care had been provided during labor and delivery and  
23 neonatal resuscitation, she would have been delivered healthy and neurologically intact and  
24 would have looked forward to a normal life.

25 6.9 As a result of the defendants' negligence, M.E. will require full time 24/7 care  
26 the rest of her life and will never be able to live independently.

## VII. DAMAGES

7.1 As a direct and proximate result of the defendants' negligence and breach of duties, M.E. has suffered permanent damages and serious damages including but not limited to hypoxic-ischemic insult; aspiration of meconium; brain damage; generalized sensorimotor deficits affecting all developmental functions including fine and gross motor skills, anti-gravity control, vision and hearing, receptive and expressive language and social interaction; inability to hear, see or communicate; inability to eat on her own; symptoms of cerebral palsy and other injuries which are permanent and that will require care and medical treatment for the remainder of her life; and all other damages recoverable under state and federal law, which will be proven at the time of trial as reasonable and proper as determined by the trier of fact.

7.2 As a direct and proximate result of defendants' negligence and breach of duties, plaintiffs, Mary Erlenmeyer and Michael Erlenmeyer, mother and father of plaintiff M.E., in conjunction with experienced medical providers and attendant care providers, will have to provide lifetime care to their daughter because of her permanent and serious injuries. They will continue to suffer mental and emotional damages and damages resulting from loss of consortium. Damages will be proven at the time of trial and damage amounts will be deemed reasonable and proper as determined by the trier of fact.

## VIII. LIMITED WAIVER OF PHYSICIAN/PATIENT PRIVILEGE

8.1 Pursuant to RCW 5.60.060(4)(b), plaintiffs hereby waive the physician/patient privilege only insofar as necessary to place any and all alleged damages at issue at the time of trial, as might be required by statute or amended statute or case law interpreting the statutes of the State of Washington. It should be understood that plaintiffs' actions do not constitute a waiver of any of their constitutional rights and that the defendants are not to contact any treating physicians without first notifying counsel for the plaintiffs so they might bring the matter to the attention of the Court


1 and seek appropriate relief, including imposing limitations and restrictions upon any desire or intent  
2 by the defendants to contact past or subsequent treating physicians *ex parte* pursuant to the rule  
3 announced in *Loudon v. Mhyre*, 110 Wn.2d 675 (1988); and *Smith v. Orthopedics International, Ltd.*,  
4 *P.S.*, 170 Wn.2d 659 (2010).

5 WHEREFORE, plaintiffs pray for judgment against the defendants by way of damages in  
6 such amounts as might be proven at the time of trial and decided and determined by the trier of fact  
7 as reasonable and just under the evidence, as well as for costs and disbursements herein incurred,  
8 and for such other relief as the Court may deem just and equitable.

9  
10 DATED this 11<sup>th</sup> of June, 2020.

11 OTOROWSKI MORROW & GOLDEN, PLLC

12  
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